

Admission Form



NAME: _____

FIRST NAME: _____

Date of birth: / / _____

Administrative region: _____

HOME ADDRESS:

OFFICE ADDRESS:

and street: _____

and street: _____

City: _____ Postal code: _____

City: _____ Postal code: _____

Tel.: () _____

Tel.: () _____

E-mail: _____

NAME OF EMPLOYER: _____

Type of establishment: _____

Job title: _____

Salary scale: _____

Academic diploma(s): _____

Association(s) of which you are a member: _____

Corporation(s) of which you are a member: _____

How did you learn about ACPQ ?

- | | |
|--|--|
| <input type="checkbox"/> Web site | <input type="checkbox"/> Le Rapporteur |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Member |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Other (specify) | |

<input type="checkbox"/> My admission is supported by a member of ACPQ
INFORMATION ABOUT MY SPONSOR
Name: _____
First name: _____
Administrative region: _____
Tel.: () _____

I, hereby, ask my admission as a member of the Association des conseillers et professionnels du Québec (ACPQ)

Signed: _____

Date: _____

- Enclosed the form of authorization to deduct at source.
 Please send me a form for direct contribution by installments.

The membership due is set at 0.56% of the salary with a minimum of 208\$ per year.

Authorization of Deduction at Source



I, undersigned _____

authorize my employer: _____

address : _____

- To deduct on each of the twenty six (26) payments of my annual salary, the professional contribution amount authorized by the General Assembly of the ACPQ (the amount represents 0.56% of the salary with a minimum of 208\$ per year of each pay period “bi-weekly”).

Remittance of these amounts will have to be made to the Association des conseillers et professionnels du Québec (ACPQ), to the address appearing below, within (15) days following the end of each of the thirteen (13) accounting periods of the financial year.

The present authorization is revocable following a three month written advice given by the member and received by the association.

SIGNED: _____ in: _____

Date: _____ / _____ / _____